

**PERSONAL HISTORY INFORMATION (PHI)
INSTRUCTIONS FOR THE APPLICANT**

The information you provide in this Personal History Information Packet will be used in the investigation into your background to assist in determining your suitability for the position of Firefighter. Please fill out the questionnaire completely and accurately.

Keep in mind that:

1. The completion of this questionnaire is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. All information contained on the Personal History Information questionnaire and any information you provide will be reviewed with you during your per-employment interview.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

You must list all arrests and/or convictions even if you received a release or a pardon.

You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

The Americans With Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, you do not have to divulge information concerning physical or medical conditions, either past or current.

Please print in ink or type your response on this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheets provided and identify the additional information with the question number.

Selection Standards for Burlington Fire Employees:

Selection standards are applicable to all Firefighter Candidates.

MINIMUM STANDARDS

1. Applicant must be at least 21 years of age for appointment.
2. Minimum education: High school diploma or equivalent certification required.
3. Applicant must meet Public Safety Civil Service Commission medical standards.
4. **UNITED STATES CITIZENSHIP IS REQUIRED FOR APPOINTMENT.**
5. A valid driver's license is required. Washington State driver's license required within 6 months of hire.
6. **TRAFFIC RECORD:** An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions which may be disqualifying include:
 - Driving While Under the Influence (DUI), Driving While Intoxicated (DWI) or Reckless Driving.
 - Hit and Run Driving.
 - Any traffic violation(s) within the past three years that indicates disrespect for traffic laws or a disregard for the safety of other persons on the highway.
7. Domestic violence crime convictions are **DISQUALIFYING.**
8. **DRUG USE:** Persons who have experimented with the use of any controlled substances will be considered on a case by case basis. **Examples of drug use which are grounds for disqualification include:**
 - Illegal use or experimentation with any controlled substances, including marijuana, during the months preceding filing application for employment.
 - Illegal use of any controlled substance, including marijuana, other than for experimentation.
 - Illegal sale, production, cultivation, or transportation for sale any dangerous drug or narcotic.
 - **One time use of any hallucinogen.**
 - Experimentation with 5 or more controlled substances during the last 5 years.
 - A pattern of abuse of prescription drugs.

The employment environment within this agency is a DRUG FREE, SMOKE FREE and TABACCO FREE ENVIRONMENT. A violation of this policy can lead to termination.

****Residence in the City of Burlington is not required.**

ADDITIONAL STANDARDS

1. Undergo a complete background investigation (to include employment and driving history, financial responsibility, a pattern of conduct, behavior, and decision making that reflects maturity, responsibility, and sound moral judgment.);
2. Undergo a psychological examination by a certified licensed psychologist/psychiatrist as set forth in the Revised Code of Washington;
3. Not have been dishonorably discharged from the United States Armed Forces;
4. Not have been previously denied certified status, have certified status revoked, or have current certified status suspended.

I understand that I will not receive and I am not entitled to a copy of the background investigation report or to know its contents. I further understand that the contents will be used in evaluation process for employment with the Burlington Fire Department. Further, I understand that no documents submitted by me will be returned to me and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given me.

Under penalty of perjury (pursuant to the Revised Code of Washington Statute 9A.72.085) I hereby state and declare that all statements in this packet are true. I make this declaration fully aware that the Burlington Fire Department may choose to verify the truth of these statements through a polygraph examination, another truth verification examination, or a background investigation. Further, if it is proven that I have made a false statement; I understand that this would be grounds for my disqualification as a candidate, or termination of my employment.

Please sign below that you have read, understand, and agree to the aforementioned conditions and criteria.

Signature

Date and City

INSTRUCTIONS

1. This document must be printed in blue or black ink, and must be legible.
2. All questions must be answered to include an explanation if necessary. If a question does not apply, a N/A answer must be indicated. All addresses must be complete, including zip codes.
3. Copies of the documents listed below must be attached to the background. Do not provide originals of these documents as they will not be returned to you. If the document requested is not applicable “X” in the Not Applicable column. If the document requested applies to your situation, and you have attached them with your background packet, place an “X” in the “Attached” column.

	Attached	Not Applicable
Birth Certificate	___	Mandatory
Social Security Card	___	Mandatory
Driver’s License (Front and back)	___	Mandatory
NTN FireTEAM Test Results	___	Mandatory
NTN CPAT Verification	___	Mandatory
IFSAC/NFPA Firefighter 1 Certification	___	___
National Registry or WA State EMT – Basic Certification	___	___
Copy of Personnel File	___	___
2 Years of Performance Evaluations	___	___
Certificate of Naturalization	___	___
College Transcripts	___	___
College Degrees	___	___
Military DD214	___	___

References (Do not include relatives)

Name: _____ Years known: _____

Address: _____

Phone: (Home) _____ (Work) _____

Name: _____ Years known: _____

Address: _____

Phone: (Home) _____ (Work) _____

Name: _____ Years known: _____

Address: _____

Phone: (Home) _____ (Work) _____

Relatives/Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you are applying. Inquiries will be confined to job-relevant matters. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".

Father	Mailing Address	Telephone
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Mother	Mailing Address	Telephone
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Father-in-Law	Mailing Address	Telephone
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Mother-in-Law	Mailing Address	Telephone
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Spouse	Mailing Address	Telephone
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Brothers/Sisters	Mailing Address	Telephone
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Children/Age/DOB

Other individuals (including relatives) with whom you have a close relationship.

Name and Relationship

Telephone

Mailing Address

Name and Relationship

Telephone

Mailing Address

Name and Relationship

Telephone

Mailing Address

Experience and Employment:

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years.

Dates of Employment

Name/Address/Phone # of Employer

Name of Supervisor

From To

Mo Yr Mo Yr

____/____/____

Full Time []

Part Time []

Voluntary []

Title or duties

Reason for Leaving

Dates of Employment

Name/Address/Phone # of Employer

Name of Supervisor

From To

Mo Yr Mo Yr

____/____/____

Full Time []

Part Time []

Voluntary []

Title or duties

Reason for Leaving

EXPERIENCE AND EMPLOYMENT – Continued

Dates of Employment	Name/Address/Phone # of Employer	Name of Supervisor
From To		
Mo Yr Mo Yr	_____	

____/____/____

Full Time []

Part Time []

Voluntary []

Title or duties

Reason for Leaving

Dates of Employment	Name/Address/Phone # of Employer	Name of Supervisor
From To		
Mo Yr Mo Yr	_____	

____/____/____

Full Time []

Part Time []

Voluntary []

Title or duties

Reason for Leaving

Dates of Employment	Name/Address/Phone # of Employer	Name of Supervisor
From To		
Mo Yr Mo Yr	_____	

____/____/____

Full Time []

Part Time []

Voluntary []

Title or duties

Reason for Leaving

Would any problem result if your present employer was contacted during the course of the background investigation? Yes [] No []

If “no”, when should such contact be made? _____

If you have had no prior employment, please explain: _____

Have you had any extended absences from work for reasons other than earned vacation? Yes ☐ No ☐
If "yes", please give details (include when, name of employer, why) _____

Have you ever been fired or asked to resign from any place of employment? Yes ☐ No ☐
If "yes", please give details (include when, where, circumstances) _____

Education

CIVIL SERVICE REGULATIONS require a high school diploma or the equivalent. Please indicate your current situation with regard to this requirement by checking one or more of the appropriate boxes.

- ☐ I possess a college diploma
- ☐ I have some college
- ☐ I possess a high school diploma
- ☐ I possess a G.E.D. (General Educational Development) certification
- ☐ I possess other equivalent. Explain: _____

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made. Please fill in the spaces provided below.

Name of School	Location of School (City and State)	Dates Attended		Diploma
		From	To	Yes/No

High School

College or University

Trade or Vocational School

Fire Academy

Additional Training

Certificates Earned

Driving Record

Do you now have a valid driver's license? Yes ☐ No ☐ (If "yes", what state, expiration)

Have you ever had your drivers license revoked or suspended anywhere? Yes ☐ No ☐ (Give date, place, court, disposition)

Have you ever had to purchase a high risk auto insurance policy? Yes ☐ No ☐
(If yes, give date, insurance company, reason)

Have you ever driven a car while racing another vehicle? Yes ☐ No ☐
(If yes, explain where, when)

Have you ever driven a vehicle in a hit and run accident? Yes ☐ No ☐
(If "yes" explain where, when and circumstances)

Employment

Have you withheld information on your application about any places where you have worked?
Yes ☐ No ☐ (Explain circumstances)

Have you ever been laid off from any job? Yes ☐ No ☐ (name of business and reason)

Have you ever quit a job with less than 2 weeks notice? Yes ☐ No ☐ (why)

Have you ever been talked to by an employer for excessive use of sick time? Yes ☐ No ☐ (Explain Circumstances)

Have you ever been talked to by an employer about reporting late to work too often? Yes [] No []

Special Qualifications and Skills

List any special licenses you hold (such as pilot, radio operator, scuba, etc.) showing licensing authority, original date of issue, and date of expiration.

List any specialized machinery or equipment which you can operate.

List any other special skill or qualifications you may possess.

Military Service

Have you ever served in the armed forces, National Guard, or military reserves? Yes [] No []

If yes, please supply the following information:

(Please attach a copy of your DD214)

Branch of Service: _____ Service Number _____

Date of Service: _____ to _____ Type of Discharge: _____

Are you currently participating in any military reserve or National Guard program? Yes [] No []

Have you ever been subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes [] No []

If yes, please give details including branch of service, when, where, circumstances)

Financial

The management of personal finances is relevant to an individual's qualifications for the position of Firefighter. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

CURRENT MONTHLY INCOME

Monthly Salary \$

Other monthly
income (describe) \$

CURRENT MONTHLY EXPENDITURES

Mortgage or Rent \$

Auto \$

Other monthly payments (describe) \$

TOTAL MONTHLY INCOME \$

TOTAL MONTHLY EXPENSES \$

Estimated monthly cost of living
(including all financial obligations, utilities, food,
gasoline, insurance, home and car maintenance,
entertainment, etc.)

CURRENT ASSETS

Savings \$
Checking \$
Real Estate \$
Life Insurance (cash value) \$
Autos \$
Other Assets (describe) \$

CURRENT LIABILITIES

Real Estate indebtedness \$
Long-term loans \$
Charge Accounts \$
Other liabilities (describe) \$

TOTAL ASSETS \$

TOTAL LIABILITIES \$

Have you ever filed for or declared bankruptcy or filed for the "Wage Earner's Plan"? Yes [] No []
If "yes", please give details (include when, where, why)

Have any of your bills ever been turned over to a collection agency? Yes [] No []
If "yes", please give details (include when, firms involved, circumstances)

Have you ever had purchased goods that were subsequently repossessed? Yes [] No []
If "yes", please give details (include when, firms involved, circumstances)

Have you ever been suspended or expelled from any high school or secondary school? (Secondary schools include colleges and universities, graduate schools, business and vocational schools; any formal education beyond the high school level) Yes ☐ No ☐ If “yes”, please explain (include school, date and circumstances)

Have you ever filed a claim(s) for workers’ compensation? Yes ☐ No ☐
If “yes”, please give details (include when, where, circumstances).

Have you, at any time, not filed your yearly IRS income tax returns? Yes ☐ No ☐
If “yes”, what year, why?

Personal

Have you ever been reported to a law enforcement agency as a missing person or a runaway?
Yes ☐ No ☐ If “yes”, please give details (including date, law enforcement agency, circumstances)

Have you ever been arrested or charged with any violation (civil or criminal) excluding traffic and parking tickets? Yes ☐ No ☐

List all such matters, even if not formally charged, or no court appearances, or found guilty, or matter settled by payment of fine or forfeiture of bail or collateral.

DATE	PLACE & DEPARTMENT	CHARGE	FINAL DISPOSITION
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Have you ever been incarcerated in a city, county, state, federal jail or correctional facility for any length of time? Yes ☐ No ☐ If “yes”, where, when and why?

Has any member of your family or close relative (including in-laws) ever been arrested for other than traffic violations? Yes ☐ No ☐

NAME	RELATIONSHIP	DATE	PLACE	CHARGE	DISPOSITION
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Have you ever been a plaintiff or defendant in a court action including divorce actions?
Yes ☐ No ☐ (Give date, place, court, names of parties involved, nature of action, and disposition)

Have you ever accessed, downloaded, maintained, or redistributed any files, photos, jpegs, mpegs, clips, aiv's or movies of sexual acts while at work? Yes ☐ No ☐ If "yes", explain.

Have you ever engaged in a sexual act, either alone or with another individual, while at work?
Yes ☐ No ☐ If "yes", explain.

Have you ever taken sick time off when you really weren't sick? Yes ☐ No ☐
How many times in the last 1 year? _____ times, 3 years? _____ times.

Do you own any handguns or long guns? Yes ☐ No ☐ If "yes", how many and what type?

Have you illegally carried any concealed firearms during the last 5 years? Yes ☐ No ☐
If "yes", explain circumstances.

Do you have a concealed weapons permit? Yes ☐ No ☐ (Where? Expiration)

Have you ever pointed a weapon at another person? Yes ☐ No ☐ (Explain in detail.)

Have you ever had any illegal or stolen weapons or munitions in your possession? Yes [] No []
If yes, explain circumstances.

Have you ever struck another person for any reason at any time? Yes [] No [] If yes, who,
when and where?

Have you ever lost your temper and struck the first blow in any dispute with any adult?
Yes [] No [] (Who, when, and where and why)

Have you made any attempt in committing suicide? Yes [] No [] If yes, when, type of attempt,
outcome.

Have you ever been involved in causing the death of another person? (Excluding wartime
military) Yes [] No [] If “yes”, explain where this happened, to whom and why.

Have you ever been a member of a social networking site? (MySpace, Facebook, Hi5, Bebo, Twitter,
etc) Yes [] No [] If “yes” complete the following section

Social Networking Site	Current and Previous User Name(s)
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_____	_____
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Social Networking Site	Current and Previous User Name(s)
------------------------	-----------------------------------

_____	_____
-------	-------

Social Networking Site	Current and Previous User Name(s)
------------------------	-----------------------------------

_____	_____
-------	-------

Social Networking Site	Current and Previous User Name(s)
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_____	_____
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Did you clean your site in preparation for this interview or job search, and if so, what material was
removed and why? Yes [] No [] If yes, explain.

When was the last time you erased, cleaned, or amended your sites?

Social Networking Site

Date amended

Social Networking Site

Date amended

Social Networking Site

Date amended

Social Networking Site

Date amended

Controlled Substances

Have you ever used any illegal drug while you were working? Yes [] No [] If “yes”, what drug, when?

Have you ever driven a motor vehicle under the influence of an illegal drug?

Yes [] No [] If “yes”, when, drug used.

Have you ever been involved in the manufacture, cultivation, or growing of any illegal drug?

Yes [] No [] If “yes”, when did this occur, what was the drug, and where?

Have you ever worked at or been inside an illegal drug laboratory or grow operation?

Yes [] No [] If “yes”, when and where?

In the last 3 years, have you been physically present when someone else has used or sold an illegal drug? Yes [] No [] If “yes”, when and explain the circumstances surrounding incident.

Have you ever consumed any alcohol during work hours? Yes [] No [] If yes, explain fully.

Have you ever used (including experimentation) any of the following drugs?

	Date of last use	Total times used	Sold Y/N
Marijuana			
Hashish			
LSD (acid)			
Crank			
Mescaline			
Peyote			
Angel Dust			
Mushrooms			
Cocaine			
Opium			
Ecstasy(X)			
Heroin			
Viet Skag			
Crystal Meth			
Steroids			
Valium			
Percodans			
Quaaludes			
Ritalin			
Codeine syrup			
Morphine			
Speed			
Barbiturates			
Glue/Gasoline			
Other:			

Sexual Activity (Explain all yes answers)

Have you ever engaged in a sexual act for money, favors, or drugs? Yes [] No []

Have you ever purchased the services of a prostitute? Yes [] No []

Have you ever been involved in any type of an illegal sexual act? Yes [] No []

As an adult, over the age of 18, did you ever engage in any kind of sexual activity with anyone under 16 years of age? Yes [] No []

In your entire life, have you ever had any sexual contact with any child or infant? Yes [] No []

Have you ever viewed any pornographic material of minor children on the internet?
Yes [] No [] If “yes”, how many times, approximate date.

Personal Statement

In the space provided below state, in your own handwriting, your reasons for applying for this position.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Certification

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification or dismissal.

Signature in full

Date

Subscribed and sworn to before me on the _____ day of _____, 20_____.

Notary Public in and for the State of _____

Residing at _____

Commission Expiration Date: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish The City of Burlington, or its assigns, with any and all information that you have concerning me, my medical records, my work record, my reputation, my financial status, and my military service records. Information of confidential or privileged nature may be included. Your reply will be used to assist the department in determining my qualifications and fitness for the position I am seeking with the department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights, with the understanding that information furnished will be used by the Burlington Fire Department in conjunction with employee procedures.

I hereby release you, your organization, and others, from any liability or damage which may result from furnishing the information requested.

Print or Type Name

Applicant's Signature

Date

Social Security Number

Subscribed and sworn to before me on the _____ day of _____, 20_____.

Notary Public in and for the State of _____

Residing at _____

Commission Expiration Date: _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.